

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A Signature   Agent
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	D. Is delivery address different from Item 1?  If YES, enter delivery address below:
1. Article Addressed to:  Pacific Credit Exchange 15760 Ventura Blvd., #A-11	If YES, enter delivory was
Encino, CA 91436-3057 CV09-02053 & CV09-03445 / JD	3. Service Type    Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   C.O.D.
REC'D SEP 1 1, 2009	4. Restricted Delivery? (Extra Fee)
2. Article Number 700	19 0080 0000 730l l572
. a mileo ISDRII	102595-02-M-15 leturn Recelpt

U.S. Postal Service TM CERTIFIED MAIL. RECEIPT 589 (Domestic Mail Only; No Insurance Coverage Provided) 7301 Postage 0000 Certifled Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) Eskanos & Adler, PC Donald R. Stebbins/Janet L. Brown Kurtiss A. Jacobs/Jerome M. Yalon 2325 Clayton Road Concord, CA 94520 CV09-02053 & CV09-03445 / JD PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X. Plant District Name)  B. Received by (Printed Name)  C. Date of Delivery  G-8-09
1. Article Addressed to:	D. Is delivery address different from Item 1?
Eskanos & Adler, PC Donald R. Stebbins/Janet L. Brown Kurtiss A. Jacobs/Jerome M. Yalon 2325 Clayton Road	
Concord, CA 94520 CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.
RECO SEP 1 1 2009	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	3 0080 0000 7301 1589
PS Form 3811, February 2004 Domestic Retu	um Recelpt 102595-02-M-1540

U.S. Postal Service ™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 7301 Postage Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 1900 Lori A. Cruz, Chief Attorney 5701 S. Eastern Avenue, Suite 201 Commerce, CA 90040-2924 CV09-02053 & CV09-03445 / JD PS Form 3800. August 2006

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □/Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) ate of Delivery Attach this card to the back of the maliplece, or on the front if space permits. D. Is delivery address different from item 1. Article Addressed to: If YES, enter delivery address below: Lori A. Cruz, Chief Attorney 5701 S. Eastern Avenue, Suite 201 Commerce, CA 90040-2924 CV09-02053 & CV09-03445 / JD Service Type. Certified Mall Express Mall ☐ Registered Return Receipt for Merchandise REC'D SEP 1 1 2009 Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0080 0000 7301 1596 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1602	U.S. Postal Service TEN  CERTIFIED MAIL™ RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  ⊕					
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7301	Postage	\$	* F-A L			
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0000	Return Receipt Fee (Endorsement Required)			P	ostmark Here	
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0.08	Karen G. Woo			wi		
	31899 Del Obi					3
7009	San Juan Capis CV09-02053 & CV09			75		
	PS Form 3800, August 20	06		See Revers	e for Instruc	tions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressed  B. Beceived by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 1?  Yes If YES, enter delivery address below:  No
Karen G. Wood	•
31899 Del Obispo, Suite 120	
San Juan Capistrano, CA 92675 CV09-02053 & CV09-03445 / JD	
REC'D SEP 0 9 2009	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
I/ECD OF O TOOS	4. Restricted Delivery? (Extra Fee)
2. Article Number 700 (Transfer from service label)	9 0080 0000 7301 1602

U.S. Postal Service TIM CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 161 7301 Postage Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 0080 Karen G. Wood P.O. Box 8060 Laguna Hills, CA 92654 CV09-02053 & CV09-03445 / JD PS Form 3800, August 2006

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailplece, 10001 or on the front if space permits. D. Is delivery address different from 1. Article Addressed to: If YES, enter delivery addr Karen G. Wood P.O. Box 8060 Laguna Hills, CA 92654 CV09-02053 & CV09-03445 / JD 3. Service Type Certified Mail Express Mali ☐ Registered Return Receipt for Merchandise REC'D SEP 1 0 2009 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0080 0000 7301 1619 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)		
Special Procedu	(1)	
□ Special Procedu	res Section	
口 P.O. Box 2952		
P.O. Box 2952 Sacramento, CA 95812-2952		
CV09-02053 & CV09-0		THE STREET STREET
<u> </u>		EVOLUTION DESCRIPTION
PS Form 3800, August 2006	Participated Form of Bullion Participation S	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X	
Attach this card to the back of the mailpiece, or on the front if space permits.	Ramon Di	
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:	
Special Procedures Section P.O. Box 2952 Sacramento, CA 95812-2952	REC'D SEP 1 4 2009	
CV09-02053 & CV09-03445 / JD	Service Type  Service Type  Certified Mail  Registered  Insured Mail  C.O.D.	
	4 Restricted Delivery (Extra Fee) ☐ Yes	
2. Article Number 7 [] ( (Transfer from service label)	19 000 V 0000 7301 1626	
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154	

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0000	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
0000	George L. Holl	orook, Director	mices
7009	2795 South 4th		
70	El Centro, CA CV09-02053 & CV	92243 709-03445 / JD	
	PS Form 3800, August	2006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X	
Article Addressed to:	If YES, enter delivery address below:	
George L. Holbrook, Director Department of Child Support Services 2795 South 4 <sup>th</sup> Street		
El Centro, CA 92243 CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mall  Registered Insured Mall  C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
	9 0080 0000 7301 1633	

7P 4D	U.S. Postal Service TEAL CERTIFIED MAILTE RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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<b>-</b> 4		CA	LUSE
7307	Postage	\$	
	Certified Fee		
0000	Return Receipt Fee (Endorsement Required)	2	Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
008	Dean R. Prob		•
<b>-</b>	Polk, Prober & Raphael		
7009	20750 Ventura Blvd., #100		
~	Woodland Hi CV09-02053 & CV0		A
	PS Form 3800, August 20	006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 1?	
1. Article Addressed to: Dean R. Prober Polk, Prober & Raphael 20750 Ventura Blvd., #100 Woodland Hills, CA 91364	If YES, enter delivery address below:	
CV09-02053 & CV09-03445 / JD  REC'D SEP 1 0 2009	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	
2. Article Number 7 🗆 🗆		
PS Form 3811, February 2004 Domestic Re	sturn Recelpt 102595-02-M-154	

52	SECTION AND DESCRIPTION OF THE PARTY OF THE	MAIL <sub>TM</sub> REC	CEIPT Coverage Provided)
밀	For delivery informa	ation visit our website	at www.usps.coms
	0	ICIAL	USE
730I	Postage	\$	
-	Certified Fee		
0000	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
008	Jan C. Sturla, D	irector	
	O.C. Dept. of C	hild Support Serv	rices —
P.O. Box 22099 Santa Ana, CA 92702-2099			
			9
•	CV09-02053 & CV0	)9-03445 / JD	
	PS Form 3800. August 2	006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X	
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printèd Name)	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Jan C. Sturla, Director O.C. Dept. of Child Support Services P.O. Box 22099 Santa Ana, CA 92702-2099		
CV09-02053 & CV09-03445 / JD REC'D SEP 0 9 2009	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.	
THOU SEE	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7 [	09 0080 0000 7301 1657	
PS Form 3811, February 2004 Domestic Ref	turn Recelpt 102595-02-M-1540	

1664	(Domestic Mail C	Service™ DMAIL™ REC Dily; No Insurance Co ation visit our website a	overage Provided)
⊒		'I GIAL	USE.
7301	Postage	\$	
	Certified Fee		
0000	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
	Desert Water	Agency	
Г	Attn: Laura P.		
7009	P.O. Box 1710	)	
^	Palm Springs, CV09-02053 & CV09	CA 92263-1710 9-03445 / JD	
	PS Form 3800, August 20	006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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Article Addressed to:	D. Is delivery address different from item 1? ( Yes If YES, enter delivery address below: No		
Desert Water Agency			
Attn: Laura P.			
D O Day 1710			
P.O. Box 1710			
Palm Springs, CA 92263-1710			
	3. Service Type  Certified Mail Registered Insured Mail C.O.D.		
Palm Springs, CA 92263-1710 CV09-02053 & CV09-03445 / JD <b>REC'D SEP 1 0 2009</b>	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise		
Palm Springs, CA 92263-1710 CV09-02053 & CV09-03445 / JD REC'D SEP 1 0 2009	Certified Mall Registered Insured Mail C.O.D.		

1671	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com			
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0000	Return Receipt Fee (Endorsement Required)		Postmark Here	
	Restricted Delivery Fee (Endorsement Required)			
0080	Superior Cour			
Б	County of Riv			
7009	4100 Main Str	eet		
17	Riverside, CA CV09-02053 & CV0		l	
	PS Form 3800, August 2	006 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	See Reverse for Instructions	

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1. Article Addressed to: Superior Court of California County of Riverside 4100 Main Street	D. Is delivery address different from item 1?	
Riverside, CA 92501 CV09-02053 & CV09-03445 / JD REC'D SEP 1 0 2009	3. Sepice Type  Certifled Mall  Registered  Insured Mall  C.O.D.	
2 Article Number	4. Restricted Delivery? (Extra Fee)	
PS Form 3811, February 2004 Domestic R	Receipt 102595-02-M-1540	

U.S. Postal Service ™ CERTIFIED MAILTEN RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 7301 Postage Certifled Fee 0000 Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 0080 Joseph S. Amiani 7009 3700 Stonemont Drive Hemet, CA 92545 CV09-02053 & CV09-03445 / JD PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery		
1. Article Addressed to:	D. Is delivery address different from item 1? ' Yes If YES, enter delivery address below:  No		
Joseph S. Amiani 3700 Stonemont Drive Hemet, CA 92545			
CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mail Registered Insured Mail C.O.D.		
REC'D SEP 0 8 2009	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2 Article Multipler	09 0080 0000 7301 1688		

EXHIBIT NO. \_ E #

1695	(Domestic Mail O	ervice™ MAIL™ REC nly; No Insurance C tion visit our website	overage Provided)
1082 0000 0800	Postage Certifled Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7009 00	Internal Rever 2400 Avila Re Laguna Nigue CV09-02053 & CVC	oad, Mail Stop el, CA 92677 <sub>99-03445 / JD</sub>	5910  See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: Internal Revenue Service 2400 Avila Road, Mail Stop 5910	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Laguna Niguel, CA 92677 CV09-02053 & CV09-03445/JD REC'D SEP 0 9 2009	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise Insured Mail C.O.D.
RECD SEP 0 8 2003	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 🗆 🗀 🗀 🖰	7 0080 0000 7301 1695

1701	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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0000	Return Receipt Fee (Endorsement Required)	3			Postma Here	rk
9.0	Restricted Delivery Fee (Endorsement Required)					
	Richard L. Dev					
<b>_</b>	Bewley, Lassle				-	
700	13215 E. Penn	Street,	Suite	510		
7	Whittier, CA 9 CV09-02053 & CV09	0602 -03445 / JI	D			
	PS Form 3800, August 20	006		See Re	verse for	Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
Richard L. Dewberry			
Bewley, Lassleben & Miller, LLP			
13215 E. Penn Street, Suite 510			
Whittier, CA 90602			
CV09-02053 & CV09-03445 / JD	3. Service Type		
REC'D SEP 1 0 2009	Certified Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivered (5-to-5-)		
2. Article Number	103		
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(Transfer from service label) 7 🗆 [	J9 0080 0000 7301, 1701.		
(Transfer from service label) 7 [] [PS Form 3811, February 2004 Domestic Re	1701 1000 0000 7301 1701		

U.S. Postal Service CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Postage \$
Certified Fee |
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
San Bernardino County Postmark Department of Child Support Services 10417 Mountain View Avenue Loma Linda, CA 92354-2030 CV09-02053 & CV09-03445 / JD

19845	9	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:	D. Is delivery address different from item 1?	
San Bernardino County Department of Child Support Services 10417 Mountain View Avenue Loma Linda, CA 92354-2030 CV09-02053 & CV09-03445/JD	3. Service Type  Certified Mail  Express Mail	
DEGID CED A A 2000	☐ Registered ☐ Return Receipt for Merchandise	
REC'D SEP 0 9 2009	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7 [[	0080 0000 7301 1718	
PS Form 3811, February 2004 Domestic Retu	um Recelpt 102595-02-M-1540	

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	Restricted Delivery Fee (Endorsement Required)		
0000	County of San	Diego	V
	Department of	Child Support Ser	rvices —
	PO. Box 1220	31	
7009	San Diego, CA CV09-02053 & CV	92112-2031	12
	PS Form 3800, August	2006	See Reverse for Instructions

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Article Addressed to:     Son Diego		
County of San Diego Department of Child Support Services P.O. Box 122031 San Diego, CA 92112-2031		
RECD SEP 1 0 2009	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
RECTUSED TO 2003	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7 [] (Transfer from service label)	09 0080 0000 7301 1725	
	eturn Receipt 102595-02-M-154	

0004277091 SEP 04 2009 MAILED FROM ZIPCODE 92504 02 09/10/09 \*0804-09228-04-09 Bluchbbbbbbbbbbbbbbbbbbbbb NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD CENTRAL PROPERTY OF THE PROPER REC'D SEP 1 4 2009 A ... Martina 机 1st Notice. BC: 92557722491 Name\_ 000 Child Support Services Department 2671 LOET 0000 0800 POOT MIXIN El Segundo, CA 90245 cyes-02053 & CV09-03445 County of Los Angeles HOUGHBANDS COLE 621 Hawali Street 24318 Hemlock Avenue, Suite C-1 Moreno Valley, CA 92557 RETURN RECEIPT REQUESTED RETURN RECEIPT REQUESTED Code Enforcement Department COUNTY OF RIVERSIDE

E E		MAIL RE	CEIPT Coverage Provided)		
17	For delivery informa	ation visit our website	at www.usps.com®		
	OFF	ICIAL	USE		
7301	Postage	\$			
	Certified Fee				
0000	Return Receipt Fee (Endorsement Required)		Postmark Here		
	Restricted Delivery Fee (Endorsement Required)				
0000	County of Los		N.		
	Child Support	t Services Depa	rtment		
7009	621 Hawaii S				
70	El Segundo, C CV09-02053 & CV0	CA 90245 09-03445 / JD			
- 1	PS Form 3800, August 20	106	See Reverse for instructions		

ESI

1749	U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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	OFF	CAL	USE		
7301	Postage	\$			
	Certified Fee				
0000	Return Receipt Fee (Endorsement Required)		Postmark Here		
	Restricted Delivery Fee (Endorsement Required)				
008	Tony Rackaucka	as, District Attorney			
	Family Support	Division			
	1055 N. Main S	treet			
7009	P.O. Box 22099		***************************************		
Γ~	Santa Ana, CA (CV09-02053 & CV0	92701-2099			
	PS Form 3800, August 2	006 Sc	ee Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X JOE VIGIL ☐ Agent ☐ Addresse			
so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery			
1. Article Addressed to: Tony Rackauckas, District Attorney Family Support Division 1055 N. Main Street P.O. Box 22099	D. Is delivery address different from item 1?			
Santa Ana, CA 92701-2099 CV09-02053 & CV09-03445 / JD REC'D SEP 0 9 2009	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.			
KEUD SEP 0 3 2003	4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Transfer from service label)	7 0080 0000 7301 1749			
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540			

5 <del>L</del>	U.S. Postal Service ™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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_	Certified Fee				
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008	Steve Cooley, D				
匠	Bureau of Family Support Operations 5770 South Eastern Avenue				
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Γ-	Commerce, CA CV09-02053 & CV09	<b></b>			
	PS Form 3800. August 20	006	See Reverse for Instructions		

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1. Article Addressed to:			D. Is delivery address different from Item 12 / Lives If YES, enter delivery address below:			
Steve Cooley, District Attorney Bureau of Family Support Operations 5770 South Eastern Avenue Commerce, CA 90040			-	•		
CV09-02053 & CV09-03445/JD  REC'D SEP 1 0 2009	9	☐ Re	e Type rtified Mail gistered ured Mail	☐ Expre	n Receipt	for Merchandise
		4. Restri	cted Deliver	y? (Extra Fo	99)	☐ Yes
2. Article Number (Transfer from service label)	7009	0080	0000	7301	1756	

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	PS Form 3800, August	2006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X			
1. Article Addressed to:	If YES, enter delivery address below:/  \ \			
County of Los Angeles Bureau of Family Support Operations 5770 South Eastern Avenue Commerce, CA 90040 CV09-02053 & CV09-03445 / JD	3. Service Type    Certified Mail   Express Mail     Reclistered   Return Receipt for Merchandise			
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REC'D SEP 1 0 2009	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number 7 🖂 🦰	0080 0000 7301 17L3			

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	County of San Di	iego	
	Office of the Dist	trict Attorney	
]	P.O. Box 122031	1	
7009	330 W. Broadwa	***************************************	
<b>r</b> ~	San Diego, CA 9	***************************************	
	CV09-02053 & CV0	9-03445 / JD	
	PS Form 3800, August 2	2006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X			
1. Article Addressed to: County of San Diego Office of the District Attorney P.O. Box 122031 330 W. Broadway, Suite 700	If YES, enter delivery address below:			
San Diego, CA 92112-2031 CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.			
pern SEP 1 0 2009	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number	9 0080 0000 7301 1770			

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	The District A	ttorney			
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7	San Diego, CA 92112				1
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San Diego County of The District Attorney P.O. Box 2031		If YES, enter delivery address below: ☐ No			
San Diego, CA 92112 CV09-02053 & CV09-03445 / JD		3. Service Type  Certified Mail			
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REC'D SEP 10	2003	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes			
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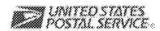
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10	Bruce M. Patterson	ion				
60	Family Support Division 901 Civic Center Dr. West, Suite 150					
70	P.O. Box 22099				OF THE PARTY.	
	Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD				besse	
	PS Form 3800, August 20		Stowalder.	See Be	verse for In	Structions
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X JOE VIGIL	
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by ( Printed Mame) C. Date of Delivery	
1. Article Addressed to:  Tony Rackauckas Bruce M. Patterson Family Support Division 901 Civic Center Dr. West, Suite 150 P.O. Box 2009	D. Is delivery address different from item 1?	
Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
REC'D SEP 0 9 2009	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)	09 0080 0000 7301 1794	
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540	



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四 11211 Doheny	Drive	
Riverside, CA	92513	***************************************
CV09-02053 & CV09		
PS Form 3800, August 2	006 S	e Reverse for Instructions

F.58



Home | Help | Sign In

Track & Confirm

FAQs

# Track & Confirm

## Search Results

Label/Receipt Number: 7009 0080 0000 7301 1817 Service(s): Certified Mail<sup>™</sup> Status: Notice Left

We attempted to deliver your item at 9:30 AM on September 5, 2009 in RIVERSIDE, CA 92503 and a notice was left. No further information is available for this item.

Track & Centina

Enter Label/Receipt Number.

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Site Map

Customer Service

Forms

Gov't Services

Careers

Privacy Policy

Terms of Use

Business Customer Gateway

Copyright@ 2009 USPS. All Rights Reserved.

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the maliplece, or on the front if space permits.</li> </ul>	A. Signature  X	
1. Article Addressed to: Grover Trask District Attorney Family Support Division 2041 Iowa Avenue	If YES, enter delivery address below:	
Riverside, CA 92507 CV09-02053 & CV09-03445 / JD	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
REC'D SEP 1 0 2009	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7.0	09 0080 0000 730l l824	

U.S. Postal Service ™ CERTIFIED MAIL RECEIPT 7301 Postage Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 0000 Bruce M. Patterson Family Support Division 901 Civic Center Dr. West, Suite 150 P.O. Box 22099 Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD

A SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.	A. Signature  JOE VIGIL  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from Item 1?  No		
1. Article Addressed to: Bruce M. Patterson Family Support Division 901 Civic Center Dr. West, Suite 150 P.O. Box 22099 Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD	D. Is delivery address different from the state of the st		
REC'D SEP 0 9 2009	☐ Insured Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number 7 [] (Transfer from service label)  PS Form 3811, February 2004  Domestic	09 0080 0000 7301 1831 Return Receipt 102595-02-M-18		

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	Restricted Delivery Fee (Endorsement Required)	3	
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	Family Suppo	ort Division	-
6	P.O. Box 220	99	
70		A 92702-2099	1
	PS Form 3800, August 2	2006	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X. JOE VIGIL   Agent Addresse	
so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver	
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Orange County District Attorney Family Support Division P.O. Box 22099		
Santa Ana, CA <b>9</b> 2702-2099 CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mail Registered Insured Mail C.O.D.	
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2. Article Number 700 700 700 700 700 700 700 700 700 70	7 0080 0000 7301 1848	

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0000	Gil Garcetti, D	istrict Attorney	
	Bureau of Fam	ily Support Oper	rations
	15531 Ventura	Boulevard	***************************************
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:	If YES, enter delivery address below:
Gil Garcetti, District Attorney Bureau of Family Support Operations 15531 Ventura Boulevard Encino, CA 91436-3157	3. Service Type
CV09-02053 & CV09-03445/JD  REC'D SEP 11 2009	✓ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandist
KECD 3LF II 2000	4. Restricted Delivery? (Extra Fee)
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EXHIBIT NO. \_\_\_E^63

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	County of Los A	ngeles	- arations	
п-	Bureau of Family 15531 Ventura B	/ Support O	реганона	
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	PS Form 3800, August 2	006	S	ee Reverse for Instructions

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1. Article Addressed to:	If YES, enter delivery address below:	
County of Los Angeles Bureau of Family Support Operations 15531 Ventura Boulevard Encino, CA 91436-3157 CV09-02053 & CV09-03445 / JD	3. Service Type  2 Certified Mail	
4 4 0000	☐ Registered	
REC'D SEP 1 1 2009	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number (Transfer from service label)	2009 0080 0000 7301 1862	
	Return Receipt 102595-02-M-1540	

EXHIBIT NO. \_\_\_\_E^69

179	(Domestic Mail C	D MAIL <sub>TM</sub> RE( Only; No Insurance (	Coverage Provided)
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	District Attorn	•	
ьĺ	Child Support	Division	
7009	10565 Civic C	Center Drive, Su	ite 250
77	Rancho Cucar CV09-02053 & CV09	nonga, CA 917 9-03445/JD	30
	PS Form 3800, August 20	06	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	A. Signature  X			
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 If Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>				
1. Article Addressed to: District Attorney Child Support Division 10565 Civic Center Drive, Suite 250				
Rancho Cucamonga, CA 91730 CV09-02053 & CV09-03445 / JD REC'D SEP 1 0 2009	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.			
INCO OLI	4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number 700 (Transfer from service label)	9 0080 0000 7301 1879 ·			
PS Form 3811, February 2004 Domestic Ret	um Recelpt 102595-02-M-154			

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	Wizard Financ	ial, Inc.	
7009	31225 La Baya	•	
2	Westlake Villa	***************************************	
	CV09-02053 & CV09	-03445 / JD	***************************************
1	PS Form 3800, August 20	06	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  B. Received by (Printed Name)  C. Date of Deliver			
1. Article Addressed to:  Wizard Financial, Inc. 31225 La Baya Drive # 109  Westlake Village, CA 91362	D. Is delivery address different mon item 1?  yes / If YES, enter delivery address below: No REC'D SEP 144 2009			
CV09-02053 & CV09-03445 / JD	3. Service Type  Certified Mail Registered Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label)				
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540			



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X				
1. Article Addressed to:	D. Is delivery address below:  If YES, enter delivery address below:  No				
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Denver, CO 80217 CV09-02053 & CV09-03445 / JD	3. Sepice Type Certified Mail Express Mail Registered Receipt for Merchandise				
REC'D SEP 1 1 2009	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Transfer from service label) 700	. 6781 4067 0000 0800 PE				

24318 Hemlock Avenue, Suite C-1 Code Enforcement Department COUNTY OF RIVERSIDE Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED



MAILED FROM ZIP CODE 92504

Arrowhead Trust, Custodian for

Thomas L. Denman IRA 24 Executive Park # 125

Irvine, CA 92614

CV09-02053 & CV09-03445 / JD

SENDER AS ADDRESSED FORWARD 0 2

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U.S. Postal Service 

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Arrowhead Trust, Custodian for

Thomas L. Denman IRA 24 Executive Park # 125

Irvine, CA 92614

REC'D SEP 1 1 2009

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EXHIBIT NO.

24318 Hemlock Avenue, Suite C-1 Code Enforcement Department COUNTY OF RIVERSIDE Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED

THE PROPERTY OF THE PROPERTY.

MAILED FROM ZIP CODE 92504

0004277091

A California Corporation Chicago Title Company As Trustee

CV09-02053 & CV09-03445 / JD San Diego, CA 92101 925 B Street

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U.S. Postal Service To CERTIFIED MAILT RECEIPT 191F omestic Mail Only; No Insurance Coverage Provided) 7301 Postage 0000 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 0000 Chicago Title Company A California Corporation 7009 As Trustee 925 B Street San Diego, CA 92101 CV09-02053 & CV09-03445 / JD

REC'D SEP 1 1 2009

# When recorded please mail to:

Riverside County Code Enforcement Department (District 5 Office) 24318 Hemlock Avenue, Suite C-1 Moreno Valley, CA 92557 Mail Stop No. 5002 DOC # 2009-0383848 07/23/2009 08:00A Fee:NC Page 1 of 1

Recorded in Official Records County of Riverside Larry W. Ward Ossessor, County Clerk & Recorder



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## NOTICE OF NONCOMPLIANCE

In the matter of the Property of Juan Carlos Lopes

Case No.: CV09-02053 CV09-03444 CV09-04949 CV09-03445

NOTICE IS HEREBY GIVEN to all persons, pursuant to Section 10 of Ordinance Number 725 of the County of Riverside, State of California, that proceedings have been commenced with respect to violations of Riverside County Ordinance No. 348, (RCC Title 17.16.010) described as Excessive outside storage, Riverside County Ordinance No. 457, (RCC Title 15.48.040) described as Substandard Mobile Home (quality lower than prescribed by law) (x9), Riverside County Ordinance No. 457, (RCC Title 15.08.010) described as Construction without the required permits - room addition to dwelling, bathroom addition to dwelling, second unit, third unit, guest house, large patio cover, recreation room, detached kitchen, triple wide modular installed, double wide mobile home installed, electrical lines added throughout property, Riverside County Ordinance No. 457, (RCC Title 15.48.010) described as Mobile home installation and occupancy without the required building permits & Riverside County Ordinance No. 541, (RCC Title 8.120.010) described as Accumulated Rubbish. Such Proceedings are based upon the noncompliance of such real property, located at 26725 El Toro Road, Lake Elsinore, CA, and more particularly described as Assessor's Parcel Number 346-110-014 and having a legal description of 4.22 ACRES NET IN PAR 1 PM 112/013 PM 14953, Records of Riverside County, with the requirements of Ordinance No. 348, 457 & 541 (RCC Title 17.16.010, 15.48.040, 15.08.010, 15.48.010 & 8.120.010).

The owner has been advised to immediately correct the above-referenced violation to avoid further action by the County of Riverside, which may include remediation or restoration to abate the public nuisance or other remedies available to the department by a court of competent jurisdiction. Any costs incurred by the County, including, but not limited to investigative, administrative and abatement costs and attorneys' fees, may become a lien on the property. Further details regarding this notice may be obtained by addressing an inquiry to the Code Enforcement Department, 24318 Hemlock Avenue, Suite C-1, Moreno Valley, California 92557, Attention Code Enforcement Officer Jacob Dietrich 951-485-5840.

NOTICE IS FURTHER GIVEN in accordance with §17274 and §24436.5 of the <u>California Revenue and Taxation Code</u>, that a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

COUNTY OF RIVERSIDE

CODE ENFORCEMENT DEPARTMENT

Mary Oyerhoft

Code Enforcement Department

### **ACKNOWLEDGMENT**

State of California ) County of Riverside )

Commission # 1767676

On 17 19 09 before me, Ana E. Carrillo, Notary Public, personally appeared Mary Overholt, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/per/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Comm. Expires Sep. 14, 2011

ANA E. CARRILLO
Commission # 1767676
Notary Public - California
Riverside County
MyComm. Expres Sep 14, 2011

EXHIBIT NO.

PAMELA J. WALLS County Counsel

<u>Principal Deputy</u> KATHERINE A. LIND

## OFFICE OF COUNTY COUNSEL COUNTY OF RIVERSIDE

3960 ORANGE STREET, 5<sup>TH</sup> FLOOR RIVERSIDE, CA 92501 TELEPHONE: 951/955-6300 FAX: 951/955-6322 & 955-6363



March 1, 2010

# NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS AND ABATE PUBLIC NUISANCE

TO: Owners and Interested Parties
(See Attached Proof of Service

and Attached Notice List)

Case Nos.: CV 09-03445 & CV 09-02053

APN: 346-110-014; LOPES

Property: 26725 El Toro Road, Lake Elsinore

NOTICE IS HEREBY GIVEN that a hearing will be held before the Riverside County Board of Supervisors pursuant to Riverside County Ordinance Nos. 348 & 541 (RCC Title 17, 8) and 725 (RCC Title 1) to consider the abatement of the excessive outside storage of materials and accumulated rubbish located on the SUBJECT PROPERTY described as 26725 El Toro Road, Lake Elsinore, **Riverside County**, **California**, and more particularly described as Assessor's Parcel Number 346-110-014.

YOU ARE HEREBY DIRECTED as owner of the SUBJECT PROPERTY, to appear at this hearing to show cause why the SUBJECT PROPERTY should not be condemned as a public nuisance and be abated by removing the excessive outside storage of materials and accumulated rubbish from the real property.

SAID HEARING will be held on **Tuesday**, **April 6**, **2010**, at **9:30 a.m.** in the Board of Supervisors Room, County Administrative Center, 4080 Lemon Street, 1<sup>st</sup> Floor Annex, Riverside, California at which time and place pertinent evidence will be received and/or testimony from all concerned parties will be heard. Failure to appear on your behalf will result in the exclusion of your testimony, and facts as known to the Code Enforcement Department ("Department") will be presented to the Board of Supervisors for consideration and deliberation in this matter.

Please be advised that the costs already accrued in this case, including but not limited to, enforcement and investigation costs, are recoverable by the Department, as allowed under Riverside County Ordinance No. 725. The Department may seek recovery of such costs from the property owner(s) which may result in a special assessment lien against the SUBJECT PROPERTY. Additionally, should the Department abate the property, the costs associated therewith, as well as all abatement costs allowed under Riverside County Ordinance No. 725 (RCC Title 1), will be sought from the property owner(s) and/or may result in a special assessment lien against the property.

You are encouraged to contact Supervising Code Enforcement Officer Mary Overholt at 951-485-5840 or the undersigned prior to the hearing. Please meet the undersigned and Brian Black, Supervising Code Enforcement Officer, at 8:30 a.m. on the day of the hearing in the lobby of the 1<sup>st</sup> floor annex in front of the Clerk of the Board's Office to discuss the case.

PAMELA J. WALLS Riverside County Counsel

Deputy County Counsel

Subject Property: 26725 El Toro Road, Lake Elsinore Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

JUAN CARLOS LOPES 26725 EL TORO ROAD LAKE ELSINORE, CA 92532

JUAN CARLOS LOPES 1713 W. GARRY AVENUE SANTA ANA, CA 92704

CHICAGO TITLE COMPANY, TRUSTEE 925 B STREET SAN DIEGO, CA 92101

FISERV ISS & CO. FBO THOMAS L. DENMAN IRA P.O. BOX 173859 DENVER, CO 80217

WIZARD FINANCIAL, INC. 21335 LA BAYA DRIVE, #109 WESTLAKE VILLAGE, CA 91362

ORANGE COUNTY DISTRICT ATTORNEY FAMILY SUPPORT DIVISION P.O. BOX 22099 SANTA ANA, CA 92702-2099

SAN DIEGO OFFICE OF THE DISTRICT ATTORNEY P.O. BOX 122031 SAN DIEGO, CA 92112

DEPT. OF CHILD SUPPORT SERVICES VENTURA COUNTY 4651 TELEPHONE ROAD, SUITE 101 VENTURA, CA, 93003

INTERNAL REVENUE SERVICE 2400 AVILA ROAD, MAIL STOP 5910 LAGUNA NIGUEL, CA 92677

Subject Property: 26725 El Toro Road, Lake Elsinore Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

DEAN R. PROBER, ESQ. POLK, PROBER & RAPHAEL 20750 VENTURA BLVD., #100 WOODLAND HILLS, CA 91364

SPECIAL PROCEDURES SECTION P.O. BOX 2952 SACRAMENTO, CA 95812-2952

RIVERSIDE COUNTY SUPERIOR COURT FINANCIAL SERVICES DIVISION 4100 MAIN STREET RIVERSIDE, CA 92501 RE: RIF113708

ESKANOS & ADLER, P.C. DONALD R. STEBBINS/JANET L. BROWN KURTISS A. JACOBS/JEROME M. YALON 2325 CLAYTON ROAD CONCORD, CA 94520

PACIFIC CREDIT EXCHANGE 15760 VENTURA BLVD., #A-11 ENCINO, CA 91436-3057

BLF FINANCIAL SERVICES, A CORP. DBA DOLPHIN FINANCIAL SERVICE 2495 EAST ORANGETHORPE, #201 FULLERTON, CA 92831

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPT. LIEN GROUP, MIC 92G P.O. BOX 826880 SACRAMENTO, CA 92480-0001

LEGAL RECOVERY LAW OFFICES, INC. MARK D. WALSH 5030 CAMINO DE LA SIESTA, #340 SAN DIEGO CA, 92108

CATHEDRAL CITY FIRE DEPARTMENT 32100 DESERT VISTA ROAD CATHEDERAL CITY, CA 92234

L:\DOCS\6000\0903445\A70107.DOC

Subject Property: 26725 El Toro Road, Lake Elsinore

Case No.: CV 09-03445 & CV 0	99-02053; APN: 346-110-014; District 5
COMPLETE THIS SECTION ON DELIVERY  A Signature  B. Received by ( Printed Name)  C. Date of Delivery  C. Date of De	A Signature  A Signature  X
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  JUAN CARLOS LOPES  1. Article Addressed to:  JUAN CARLOS LOPES  1713 W GARRY AVENUE SANTA ANA CA 92704  3. Service Santa Number (Transfer from service label)  Transfer from service label)  PS Form 3811, February 2004  Domestic Return Receipt	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  CATHEDRAL CITY FIRE DEPARTMENT 32100 DESERT VISTA ROAD CATHEDERAL CITY CA 92234  CATHEDERAL CITY CA 92234  2. Article Number 700053 (LORS) ABT 18 4.
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  LEGAL RECOVERY LAW OFFICES, INC. MARK D WALSH 5030 CAMINO DE LA SIESTA, #340 SAN DIEGO CA 92108	A. Signature  X

2. Article Number

(Transfer from service label) PS Form 3811, February 2004 7008 3230 0001 1234 1252

Domestic Return Receipt

102595-02-M-1540

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004 (Transfer from service label)

Subject Property: 26725 El Toro Road, Lake Elsinore

			Case No	o.: CV	09-03445 8	& CV 09-	-02053; Al	PN: 34	6-110-0	14; Distri	ct 5	- constitu
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Domestic Return Receipt

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540

Subject Property: 26725 El Toro Road, Lake Elsinore Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

> Office of County Counsel Riverside, CA 92501 3960 Orange Street, 5th Floor PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION SAN DIEGO OFFICE OF Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. SAN DIEGO CA 92112 PO BOX 122031 THE DISTRICT ATTORNEY Article Addressed to: Attach this card to the back of the mailpiece, or on the front if space permits. so that we can return the card to you. (Transfer from service label) Print your name and address on the reverse in-orthis is chart ozass (LOPIS) ABT 700B Domestic Return Receipt 0E2E 4. Restricted Delivery? (Extra Fee) B. Received by (Printed Name) × A. Signature ☐ Insured Mail ☐ Registered is delivery address different from item 1?  $\Box$  Yes if YES, enter delivery address below:  $\Box$  No  $MAR=0.3\ 2010$ 1000 Ch-Certified Mail Service Type hEZT ☐ C.O.D. ☐ Express Mail **1153** C. Date of Delivery 102595-02-11-1540 ☐ Agent ☐ Addressee

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Subject Property: 26725 El Toro Road, Lake Elsinore Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

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NOTICE LIST
Subject Property: 26725 El Toro Road, Lake Elsinore

turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Return Receipt
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☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	W 134 (1984) 2000-0205 (1084) ABT 18
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	FISERV ISS & CO  EBO THOMAS L DENMAN IRAS  PO BOX 173859  DENVER CO 80217
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	STATE OF CALIFORNIA  EMPLOYMENT DEVELOPMENT DEPT.  LIEN GROUP MIC 92G  P.O. BOX 826880  P.O. BOX 826880
	1. Article Addressed to:
A. Signature  X. M. Agent  X. M. Addressee  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  C. Date of Delivery  A. Signature  A. Signatur	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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WOG-0345 & WOG-02053 (LOPES) ABT 18	3. Service Type  Certified Mail
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Home | Help | Sign In

Track & Confirm

**FAQs** 

### Track & Confirm

#### **Search Results**

Label/Receipt Number: 7008 3230 0001 1234 1221

Service(s): Certified Mail TM

Status: Delivered

Your item was delivered at 11:46 AM on March 5, 2010 in ROCKVILLE, MD 20850.

Track & Confirm Enter Label/Receipt Number. (Go > )

#### **Detailed Results:**

- Delivered, March 05, 2010, 11:46 am, ROCKVILLE, MD 20850
- Arrival at Unit, March 05, 2010, 9:24 am, ROCKVILLE, MD 20850

#### **Notification Options**

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. 4 60 >

Site Map

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Careers

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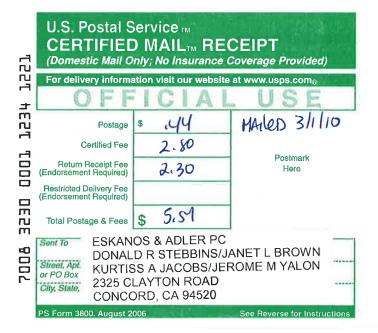
**Business Customer Gateway** 

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**Track & Confirm** 

**FAQs** 

### Track & Confirm

#### **Search Results**

Label/Receipt Number: 7008 3230 0001 1234 1139

Service(s): Certified Mail™

Status: Delivered

Your item was delivered at 3:14 PM on March 17, 2010 in WESTLAKE

VILLAGE, CA 91359.

Track & Confirm	
Enter Label/Receipt	Number.
	Go >

#### **Detailed Results:**

- Delivered, March 17, 2010, 3:14 pm, WESTLAKE VILLAGE, CA 91359
- Notice Left, March 13, 2010, 5:38 pm, WESTLAKE VILLAGE, CA 91359
- Forwarded, March 09, 2010, 10:25 am, THOUSAND OAKS, CA
- Forwarded, March 03, 2010, 9:48 am, THOUSAND OAKS, CA
- Arrival at Unit, March 03, 2010, 7:50 am, THOUSAND OAKS, CA 91362

#### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. ( Ga > )

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Subject Property: 26725 El Toro Road, Lake Elsinore Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

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			See Reverse for Instructions

### **PROOF OF SERVICE**

Case Nos. CV 09-03445 & CV 09-02053

STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

I, Brenda Peeler, declare that I am a citizen of the United States and am employed in the County of Riverside, over the age of 18 years and not a party to the within action or proceeding; that my business address is 3960 Orange Street, 5<sup>th</sup> Floor, Riverside, California 92501.

That on March 1, 2010, I served the following document(s):

### NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS AND ABATE PUBLIC NUISANCE

by placing a true copy thereof enclosed in a sealed envelope(s) addressed as follows:

## Owners or Interested Parties (see attached notice list)

- **BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.** I am "readily familiar" with the office's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Riverside, California, in the ordinary course of business.
  - BY PERSONAL SERVICE: I caused to be delivered such envelope(s) by hand to the offices of the addressee(s).
- XX STATE I declare under penalty of perjury under the laws of the State of California that the above is true and correct.
- FEDERAL I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

EXECUTED ON March 1, 2010, at Riverside, California.

BRENDA PEELER

EXHIBIT NO.  $6^{12}$ 



# CODE ENFORCEMENT DEPARTMENT COUNTY OF RIVERSIDE

JOHN BOYD Director

### **AFFIDAVIT OF POSTING OF NOTICES**

March 5, 2010

**RE CASE NO: CV0902053** 

#### I, James Pike, hereby declare:

I am employed by the Riverside County Code Enforcement Department; that my business address is 24318 Hemlock, Ave., Suite C-1, Moreno Valley, California 92557.

That on <u>03/04/10</u> at <u>0930</u>, I securely and conspicuously posted Notice of Abatement Hearing and the Officer Declaration at the property described as:

Property Address: 26725 EL TORO RD, LAKE ELSINORE

Assessor's Parcel Number: 346-110-014

I declare under the penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2010 in the County of Riverside, California.

CODE ENFORCEMENT DEPARTMENT

By: James Pike, Code Enforcement Officer

EXHIBIT NO. 6<sup>13</sup>



# CODE ENFORCEMENT DEPARTMENT COUNTY OF RIVERSIDE

JOHN BOYD Director

### **AFFIDAVIT OF POSTING OF NOTICES**

March 5, 2010			

I, <u>James Pike</u>, hereby declare:

**RE CASE NO: CV0903445** 

I am employed by the Riverside County Code Enforcement Department; that my business address is 4080 Lemon Street, 12th Floor, Riverside, California 92501.

That on <u>03/04/10</u> at <u>0930</u>, I securely and conspicuously posted Notice of Abatement Hearing and the Officer Declaration at the property described as:

Property Address: 26725 EL TORO RD, LAKE ELSINORE

Assessor's Parcel Number: 346-110-014

I declare under the penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2010 in the County of Riverside, California.

CODE ENFORCEMENT DEPARTMENT

By: James Pike, Code Enforcement Officer